

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 JUL 18 AM 9:40

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Leadership America PAC-LA

ADDRESS (number and street)

3125 Wilshire Dr.

☐ Check if different
than previously
reported. (ACC)

#B

Baton Rouge

LA

70806

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000563007

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☒ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the
State of

5. Covering Period

04 01 2014

through

06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steve Verwyvet

Signature of Treasurer

Steve Verwyvet

Date

07 10 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Leadership America PAC-LA

Report Covering the Period:

From:

09 01 2014

To:

06 30 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2014 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 0.00 | |
| (c) Total Receipts (from Line 19) | 0.00 | 0.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 0.00 | 0.00 |
| 7. Total Disbursements (from Line 31) | 0.00 | 0.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 0.00 | 0.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Leadership America PAC-LA

Report Covering the Period:

From:

04 01 2014

To:

06 30 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

000

000

(ii) Unitemized.....

000

000

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

000

000

(b) Political Party Committees.....

000

000

(c) Other Political Committees

(such as PACs).....

000

000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

000

000

12. Transfers From Affiliated/Other

Party Committees.....

000

000

13. All Loans Received.....

000

000

14. Loan Repayments Received.....

000

000

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

000

000

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

000

000

17. Other Federal Receipts

(Dividends, Interest, etc.).....

000

000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

000

000

(b) Levin Funds (from Schedule H5).....

000

000

(c) Total Transfers (add 18(a) and 18(b))..

000

000

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

000

000

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

000

000

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|------|------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 0.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 0.00 | 0.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 000 | 000 |
| 34. Total Contribution Refunds (from Line 28(d)) | 000 | 000 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 000 | 000 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 000 | 000 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 000 | 000 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 000 | 000 |

1403-127-0412

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Leadership America PAC-LA

Full Name (Last, First, Middle Initial)

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ | | Date of Receipt Amount of Each Receipt this Period |
| B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ | | Date of Receipt Amount of Each Receipt this Period |
| C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ | | Date of Receipt Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

0.00

140M-127-041-13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Leadership America PAC- LA

Full Name (Last, First, Middle Initial)

| | | |
|--|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

0.00

1403-127-0414

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Leadership America PAC-LA

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

0.00

TOTALS This Period (last page in this line only) ▶

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1403-127-0415

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

| | | | |
|--|-------|---|--------------------------|
| NAME OF COMMITTEE (In Full) Leadership America PAC- LA | | FEC IDENTIFICATION NUMBER 000563007 | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan | Interest Rate (APR) % |
| Mailing Address | | Date Incurred or Established | |
| City | State | Zip Code | Date Due |
| <p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred</p> <p>B. If line of credit, Total Outstanding Balance:</p> <p>Amount of this Draw:</p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p> <p>What is the value of this collateral?</p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p> <p>What is the estimated value?</p> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:</p> <p>Date account established: Address:</p> <p>City, State, Zip:</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p> <p>G. COMMITTEE TREASURER DATE</p> <p>Typed Name Signature</p> <p>H. Attach a signed copy of the loan agreement.</p> <p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p> | | | |
| AUTHORIZED REPRESENTATIVE | | DATE | |
| Typed Name | | Signature | |
| Signature | | Title | |

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

| | | |
|---|--------------------------------------|-----------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE | OF |
| | FOR LINE NUMBER: (check only one) | |
| | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Leadership America PAC-LA

| | | |
|--|----------------|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |
| Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period | | |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |
| Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period | | |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |
| Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period | | |

| | |
|---|------|
| 1) SUBTOTALS This Period This Page (optional)..... | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00 |

14001127-0417

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **01** OF **01**
FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) Leadership America PAC-LA | | FEC IDENTIFICATION NUMBER C00563007 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | 09 / 10 / 2014 |

| | | |
|--|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Date of Disbursement or Obligation |
| Name of Federal Candidate | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | |
|--|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Date of Disbursement or Obligation |
| Name of Federal Candidate | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 0.00 |
| (c) TOTAL Independent Expenditures..... | 0.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steve Verquist
Signature

Date **09** / **10** / **2014**

140M-12N-0418

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

| | |
|------------------------|----|
| PAGE | OF |
| FOR LINE 25 OF FORM 3X | |

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) | | | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | | Full Name of Subordinate Committee Mailing Address City _____ State _____ ZIP Code _____ | |

| | | | |
|---|----------------|---------------------------------|---------------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | Category/ Type |
| Mailing Address | | Date | |
| City | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: | House Senate Presidential | State: _____ District: _____ |
| Aggregate General Election Expenditure for this Candidate ▶ | | Amount | |

| | | | |
|---|----------------|---------------------------------|---------------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | Category/ Type |
| Mailing Address | | Date | |
| City | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: | House Senate Presidential | State: _____ District: _____ |
| Aggregate General Election Expenditure for this Candidate ▶ | | Amount | |

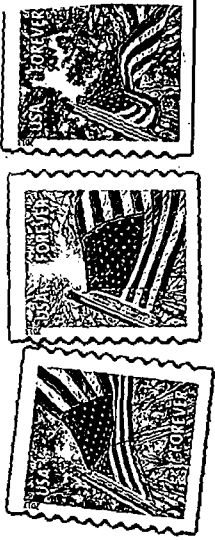
| | | | |
|---|----------------|---------------------------------|---------------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | Category/ Type |
| Mailing Address | | Date | |
| City | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: | House Senate Presidential | State: _____ District: _____ |
| Aggregate General Election Expenditure for this Candidate ▶ | | Amount | |

| | | |
|---|--|------|
| SUBTOTAL of Expenditures This Page (optional).....▶ | | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | | 0.00 |

140M-1111-0416

Vilshire Dr. #B
Rouge, LA 70806

0740 JUL 18 2014




RECEIVED

2014 JUL 18 AM 9:40

FEC MAIL CENTER

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input checked="" type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 7/18/14 DATE PREPARED |

(8/2013)